

The Massachusetts Department of Public Health (MDPH), Universal Newborn Hearing Screening Program (UNHSP) Birth Facility Guidelines were updated to reflect national policy and guidance from the Joint Committee on Infant Hearing. The educational attachments include several documents that were developed to assist birth facilities in training, communication of results and identification of increased risk for hearing loss after the newborn period. The following is a summary of the changes in the Guidelines:

1. Hospital groups with multiple sites may submit one protocol that includes specific information about each site.
2. At least one person in a leadership position (Program Director or Audiologist) shall work on site and be available for newborn hearing screening data inquiries from the Universal Newborn Hearing Screening Program (UNHSP).
3. Birth facilities are responsible for submitting a separate newborn hearing screening protocol for the Neonatal Intensive Care Unit (NICU) or Level II Special Care Nursery (SCN) when this level of care is provided at a facility (this shall be submitted to MDPH as part of the overall facility newborn hearing screening protocol).
4. Responsible for ensuring auditory brainstem response (ABR) hearing screening equipment is used to perform hearing screenings in the NICU or Level II SCN when a facility offers this level of care.
5. Ensuring ABR hearing screening is performed when infants are readmitted and have defined risk indicators for hearing loss (See Appendix 6 -risk indicators).
6. A physician shall be identified to provide medical consultation for the hearing screening program when needed.
7. Assuring that an initial hearing screen is performed on every newborn and only *one* hearing rescreen is performed on infants that do not pass the screen.
8. A licensed clinical professional(s) responsible for answering questions, discussing hearing screening results, or addressing other concerns shall be made available to the hearing screener(s) in the event that the hearing screener(s) is not a licensed clinical professional (e.g., nurse, audiologist).
9. The Program Director shall present annual hearing screening data to the birth facility's perinatal advisory committee.
10. A contact person and telephone number of a designated staff person in the nursery shall be identified for contact from MDPH if the Program Director and Audiologist are not regularly in the nursery. This person shall have the authority to address questions about hearing screening results when the UNHSP has a need to verify screening results with the birth facility for the family.
11. The facility shall obtain normative data for the hearing screening instruments and protocols that are used, including understanding facility specific typical refer rates, acceptable manufacturer and state refer rates, NICU/Level II SCN refer rates when applicable, and identifying deviations in the data.
12. The Universal Newborn Hearing Screening Program has developed a video called "Loss and Found, What to do if your baby didn't pass the newborn hearing screening". The video can be used for training screeners or other personnel involved in newborn hearing screening, shown to parents to help them understand hearing screening and the

importance of follow-up, or used on the hospital television system for general educational viewing.

13. The protocol shall include information on performing repeat hearing screenings on readmissions in the first month of life (this includes NICU/Level II SCN and well baby infants) when there are conditions associated with potential hearing loss. A repeat hearing screening on such readmissions shall be done using ABR hearing screening technology even if the infant passed the hearing screening prior to discharge to home after birth.
14. Birth facility staff responsible for establishing follow-up audiological appointments for newborns shall notify the person making the appointment that an interpreter is needed if the family's preferred language is other than English.
15. To reduce the number of infants that become lost to follow-up in the newborn hearing screening process, the rescreen shall be performed prior to discharge whenever possible.
16. The infant's primary care provider shall be notified in writing of the results of the hearing screening for every infant, including infants that passed the hearing screening.
17. The infant's primary care provider shall be notified by *telephone* and in writing if an infant was screened and results were inconclusive, did not pass, or missed a hearing.
18. The results of the hearing screening shall be provided to the MDPH Approved Audiological Diagnostic Center when the appointment is made and it is important to include the type of hearing screening equipment used when an infant did not pass the screen (e.g., ABR/OAE).
19. The risk indicator algorithm included in the Guidelines shall be used to determine increased risk for hearing loss. Parent(s)/guardian(s) shall be informed of the need for a follow-up diagnostic evaluation and appointments shall be made at a MDPH Approved Audiological Diagnostic Center when the risk indicator algorithm indicates the need for this.